

REDEMPTION ORDER

Michigan Department of Consumer & Industry Services
Bureau of Workers' & Unemployment Compensation/Board of Magistrates
PO Box 30016, Lansing MI 48909

(Personal Service)

(Mailed)

_____ Day of _____ 20____

Magistrate (Please Print)

This form must be typed

Plaintiff Name	Social Security Number	Address
Employer	Carrier	

If more than one employer/carrier, also complete and attach multiple carrier redemption form (BWC-113A)

The agreement to redeem the employer's entire workers' compensation liability for injuries sustained by the plaintiff on the following date(s):

_____ by a single payment having been considered by a member of the Board of Magistrates and it appearing that said agreement should be ☐ **APPROVED** ☐ **DENIED**.

THEREFORE, IT IS ORDERED that said agreement to redeem the employer's entire liability for workers' disability compensation benefits by the payment of \$ _____ is ☐ **APPROVED** ☐ **DENIED**.

\$ _____ cost of annuity, if applicable.

IT IS FURTHER ORDERED that said sum be paid as follows:

\$ _____ directly to _____ (Federal ID# _____) attorney(s) for the plaintiff for attorney fees of \$ _____ and expenses in connection therewith of \$ _____.

\$ _____ directly to _____ for medical expenses.

\$ _____ directly to _____ For items other than medical expenses.

\$ 100.00 Statutory redemption fee on behalf of plaintiff directly to State of Michigan*. Payable directly by plaintiff if this order is denied.

\$ _____ directly to the plaintiff, being the balance;

IT IS FURTHER ORDERED that defendant remit defendant's statutory redemption fee of \$100.00 directly to State of Michigan.*

IT IS FURTHER ORDERED that defendant shall also complete the payment of weekly compensation of \$ _____ per week through _____ 20 _____.

Signed this _____ day of _____, 20 _____ County of _____.

Magistrate

If a request by any of the parties for review by the director, or notice of review by the director on his own motion, is not filed within 15 days from personal service, or if mailed, the mailing date of this order, it shall stand as the final decision of the Bureau of Workers' & Unemployment Compensation. *Payment of benefits pursuant to this order and redemption fees are due upon expiration of the appeal period. Denial of this agreement does not discharge the liability for redemption fees. Send one copy of this order with your payment. Checks are to be made payable to the State of Michigan and mailed to BWDC Redemption Fees, PO Box 30646, Lansing, Michigan 48909.

Authority: Workers' Disability Compensation Act, 418.835; 418.836; 418.837
Completion: Voluntary
Penalty: None